

2000 UNIFORM BUSINESS REPORT (UBR)

3/12

DOCUMENT # N95000003249

1. Entity Name

THE GOLD TRIANGLE HUNT-CLUB, INC.

Principal Place of Business

10 E. CHESLEY AVE.
EUSTIS FL 32736

Mailing Address

10 E. CHESTY AVE.
EUSTIS FL 32736

2. Principal Place of Business

10 E Chesley Ave

3. Mailing Address

10 E Chesley Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Eustis, FL

City & State
Eustis, FL

4. FEI Number

59-3328166

Applied For

Not Applicable

Zip
32726

Country
Lake

Zip
32726

Country
Lake

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCINTYRE, RAY
38051 SR 19
UMATILLA FL 32784

Name
McCoy, Greg

Street Address (P.O. Box Number is Not Acceptable)

900 Lake Gracie Dr

City
Eustis

FL

Zip Code
32726

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOHMAN, TIMOTHY
91 W. DIXIE AVE.
EUSTIS FL 32726 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
McCoy, Greg
900 Lake Gracie Dr
Eustis, FL 32726 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCINTYRE, RAY
38051 SR 19
UMATILLA FL 32784 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Graham, Brett
12401 S. Putney Ct
Leesburg, FL 34788 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SILER, HARLAN
10 E. CHESLEY AVE.
EUSTIS FL 32726 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Siler, Harlan
10 E Chesley Ave
Eustis, FL 32726 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STATE REQUIRED

1-12-2000 (352) 357-6319

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

Handwritten signature

5/17/00

CR2E037 (9/99)